

CLASSIC ARMS (PTY) LTD

P.O. Box 484
River Crescent
1042

7 Gladiola Street
Emalahleni (Witbank)
South Africa

Company Reg: 1972/004109/04
VAT Reg: 4680159888

Tel: 0027 13 656 1232

Fax: 0027 13 656 1835

Email: info@classicarms.co.za

6th September 2019

To whom it may concern

Re: Firearms for Auctions or Purchase

We require the following documentation before we can accept firearms for Auctions or firearms sold to Classic Arms.

Individual

- 1) A SAPS534 to be completed and signed. (copy attached/available on SAPS website & local DFO & Classic Arms).
- 2) Original Licence Card. (when the original licence card is lost the client is to apply for a duplicate licence).
- 3) If the Licence is in an ID book a certified copy of the licence.
- 4) Certified copy of ID.

Deceased Estates

If the deceased passed on after the licence expired the firearm cannot be accepted.

- 1) A SAPS534 to be completed and signed by the appointed executor. (copy attached/ available on SAPS website & local DFO & Classic Arms)
- 2) Original Licence Card. (when the original licence card is lost the client is to apply for a duplicate)
- 3) If the Licence is in an ID book a certified copy of the licence.
- 4) Certified copy of licence holder ID.
- 5) Death Certificate.
- 6) Letter of appointment as an Executor from the Master of the High Court.
- 7) Certified copy of Executors ID.

No firearms will be accepted by Classic Arms without the documentation specified above.

Yours Faithfully



Francois Van Der Walt – Manager

TRANSFER OF FIREARM OWNERSHIP

OFFICIAL DATE STAMP

DATE RECEIVED

¹ Transfer reference No

Province

Area

Police station

Component code

SAPS 13 register reference number

General firearm transactions register ref no

NO

YEAR

C. PARTICULARS OF CURRENT OWNER

NATURAL PERSON'S DETAILS

SA ID

Passport

Identity number of natural person

Passport number of natural person

Surname

6 Initials

Residential address

8 Postal Code

Postal address

¹⁰ Postal Code

Telephone number

11.1 Home

()

11.2 Work

()

Cellphone number

12 Fax

()

E-mail address

JURISTIC PERSON'S DETAILS

OTHER BODIES

Registered company name

Trading name

18	FAR number															
19	Postal address															
												20 Postal Code				
21	Business address															
												22 Postal Code				
23	Business telephone number	23.1 Work	()	23.2 Fax	()							
24	E-mail address															

25 **RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full names and surname)															
27	Type of identification (Indicate with an X)		SA ID					Passport number								
28	Identity number of responsible person							-					-			
29	Passport number of responsible person															
30	Cellphone number															
31	Physical address															
												32 Postal Code				
33	Postal address															
												34 Postal Code				

35	Reason(s) for transfer of firearm												

D. DETAILS OF FIREARM(S) TO BE TRANSFERRED

1	DETAILS OF FIREARM(S)				
		(1)	(2)	(3)	(4)
2	Type				
3	Calibre				
4	Make				
5	Model				
Firearm component type:					
6	Barrel serial number				
6.1	Make				
7	Frame serial number				
7.1	Make				
8	Receiver serial number				
8.1	Make				

Registered company name	CLASSIC ARMS (PTY) LTD																
Trading as name	CLASSIC ARMS (PTY) LTD																
FAR number	2	9	8	8													
Postal address	P.O. BOX 484, RIVER CRESCENT																
													⁵ Postal Code	1	0	4	2
Business address	7 GLADIOLA STREET, DIE HEUWEL, EMALAHLENI (WITBANK)																
													⁷ Postal Code	1	0	3	5
Business telephone number	^{8.1} Work		(013) 656 2923								^{8.2} Fax		(013) 656 1835				
E-mail address	TERRY@CLASSICARMS.CO.ZA																

I hereby declare that the above firearm(s) is/are legally in my possession and that I intend to sell or supply it once the necessary authorization(s) has/have been obtained and that the details of the firearm(s) are correct and accurate.

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this transfer of firearm ownership form.

SIGNATURE OF CURRENT OWNER

--	--

Name of current owner in block letters

3	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

3 Date

Signature of current owner

Signature of current owner

5	Place	
---	-------	--

5 Place

SIGNATURE OF DEALER/GUNSMITH

TERESA SOUTAR

Name of dealer/gunsmith in block letters

8	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

8 Date

10	Place	EMALAHLENI (WITBANK)
----	-------	-----------------------------

10	Place
----	-------

EMALAHLENI (WITBANK)

G. (This section must only be completed if the current owner cannot read or write.)

Right index fingerprint of current owner

2 Fingerprint designation

2 Fingerprint designation

3	Date				-		-	
---	------	--	--	--	---	--	---	--

3 Date

⁴ <http://www.fishbase.org>

4

Name of current owner in block letters

5	Place	
---	-------	--

5

Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST

Name of police official in block letters

6.2							-	
-----	--	--	--	--	--	--	---	--

5.2

Persal number of police official					

Rank of police official in block letters

6.4

Signature of police official

7 **PARTICULARS OF WITNESS**

7.1
Name of witness in block letters

7.2
Persal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

H.

PARTICULARS OF INTERPRETER

(This section must be completed only if the current owner cannot read or write or does not understand the content of this form.)

1	Name and surname of interpreter																	
2	Identity/Passport number of interpreter																	
3	Residential address																	
													4 Postal Code					
5	Postal address																	
													6 Postal Code					
7	Telephone number	7.1 Home	()	7.2 Work	()									
8	Cellphone number					9 Fax	()									
10	E-mail address																	
11	Interpreted from (language)						to											

12
Date

13
Signature of interpreter

14
Place

15
Rank of police official in block letters (if applicable)

16
Persal number of police official (if applicable)

I.

PARTICULARS OF POLICE OFFICIAL

1
Name of police official in block letters

2
Date

3
Rank of police official in block letters

4
Place

5
Signature of police official

6
Persal number of police official